



RECORD OF CONTINUING EDUCATION
HOME HEALTH AIDE REGISTRY
State Form 49561 (R2/8-02)

This record indicates that the supervisors of the licensed home health agency or hospice, listed below, have determined that this registered home health aide has received sufficient annual continuing education as required under Indiana Administrative Code 17-14-1 (h).

I. Aide Identification

Full Name of Home Health Aide					
Residential Street Address					
City				County	
State		Zip		Aide Phone #	
Date of Hire				Termination Date	

Social Security #		Date of Birth	
RHHA Registration Number			

II. Continuing Education of Home Health Aide

TOPICS OF CONTINUING EDUCATION	Number of Hours Completed in calendar year
Curriculum – Based Topics	
Other Topics	
Total Hours Of Continued Education	

Date Individual Completed 12 hours of Continuing Education			
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III. Agency Identification

Program Director's Name					
Name Of Home Health Agency					
Street Address					
City		State		ZIP Code	
Facility Number					
Agency Telephone Number					

Program Director's Signature

Date